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CONFIRMATION NO. 8254

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10/789,835	02/27/2004 RULE	530	1614	960296.00516

APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/450,510 02/27/2003

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** **** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WI	8	24	7
Verified and /JAMES D ANDERSON/ Acknowledged <u>Examiner's Signature</u>	<u>Initials</u>				

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TITLE
 Chroman-derived anti-androgens for treatment of androgen-mediated disorders

FILING FEE RECEIVED 893	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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